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ABSTRACT

Noting that the American public's concern for children is shaped by complicated and sometimes conflicting beliefs about family life, this paper examines the policy debates surrounding child care, early childhood development, family leave, and children's health insurance, and analyzes how well advocates have adapted to the new realities. Part 1 of the paper, "Understanding Public Values at the Turn of the Century," discusses how the issue of family values provided the backdrop for social policy discussions in the 1990s and argues that public support for government intervention in families is tempered by suspicion of government programs, by scant support for public expenditures that could increase taxes, and by Americans' distaste for helping the "undeserving" poor. Part 2, "Beyond Compassion: Public Values and Children's Policy in the 1990s," examines the contentious history of the government's role in providing child care, the success of the State Children's Health Insurance Program, the impact of brain development research on views regarding early childhood development and on child advocacy efforts, and the family and medical leave issue. Part 3, "New Strategies Emerge," presents some of the more promising strategies used by child/family advocates to tailor policies to what the public wants, including making problems manageable by defining them down, avoiding false hopes and false crises, focusing on what works, making research and evidence actionable, avoiding absolutes, offering universal solutions to help all families, building unlikely alliances and learning to compromise, and letting parents and communities help set the children's agenda. The concluding section asserts that if children's advocates continue to develop values-based policies and common sense strategies for talking about them, they stand the best chance of lasting success. (Contains 136 references.) (KB)

The Role of Values in Shaping Effective Social Policy

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Listening to Families: The Role of Values in Shaping Effective Social Policy

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CONTENTS

Acknowledgments	1
Introduction	3
Understanding Public Values at the Turn of the Century	5
Beyond Compassion: Public Values and Children's Policy in the 1990s	9
New Strategies Emerge	17
Conclusion	29
References	31

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Introduction

By almost any measure of public opinion, Americans support the idea that helping children get a good start in life should be a national priority. Indeed, children's advocates have long relied on the public's compassion to build support for investments in children.

In recent years, however, many advocates have found that compassion is not enough. Supporters of child-care legislation and other early childhood initiatives, for instance, have struggled to expand publicly funded programs in the face of the widespread belief that parents bear primary responsibility for children in the pre-school years. And because so many people blame social ills on "bad parents," programs that help parents as well as children often run into opposition.

In short, advocates are finding that the public's concern for children is shaped by complicated and sometimes conflicting beliefs. These beliefs bear on fundamental questions about parental responsibility, the roles of women and men, the role of government in helping families, and the extent of society's obligation to its least advantaged citizens.

Some of these beliefs have evolved as social mores have changed. Yet others—such as the importance of family, work, and equal opportunity—have remained constant; indeed, they are intrinsic to our nation's character. Whether constant or evolving, what Americans believe about family life has come to fix the boundaries of what advocates for children and families can expect to achieve.

In addition to the values gap that separates some advocates from the public, the public has seem-

ingly become inoculated against common techniques advocates use to build support for public investments in children. In general, citizens have grown weary of bad news and all-or-nothing solutions. They are tired of experts who talk down to them or propose overly complex solutions to basic, everyday problems. They are jaded by government failures and ethical lapses. And they are suspicious of big government programs.

Social conservatives have long understood these limits. They frequently evoke widely held public beliefs—such as the importance of work and the sanctity of the family—to block or scale back public investment in programs for children and families. They argue—often effectively—that families should be self-sufficient and responsible for the care and support of their own children.

Over the past decade, advocates seeking increased public investments for children have begun to heed the lessons of conservatives' success. Increasingly, these advocates have begun to recognize that their ideas must resonate with public values about family, work and fairness.

On issues ranging from family and medical leave to health care and child care, advocates have begun to craft initiatives that acknowledge the responsibility of the family for supporting and nurturing children. In shaping these initiatives, advocates take care to respect the family's right to decide how to care for and educate their children—especially in the early years. They honor work and promote self-sufficiency. They heed the public's concerns about fairness and its

preference for programs that don't prescribe uniform solutions, but give people freedom to make their own choices about balancing work and family.

This new era of thinking began in the 1980s and emerged fully during the national debate over welfare reform in the 1990s, when advocates for poor families found themselves unable to defend a public policy that honored neither work nor family. David Ellwood, former assistant secretary at the U.S. Department of Health and Human Services, was a key player in that debate, and he quickly realized that the liberal defense of welfare would fail. "It didn't matter how much you said that welfare wasn't the cause of single-parent families. That's not the point," he says. "The point was, welfare was fundamentally inconsistent with the values that the public holds dear."

This paper examines the policy debates surrounding four issues—child care, early childhood development, family leave, and children's health insurance—and analyzes how well advocates have adapted to the new realities. The issues vary widely. The debates over child care, children's health insurance, and family and medical leave have long histories, while efforts to expand government funding of programs for children under age three are relatively new. The federal government spends billions of dollars on child care, while the Family and Medical Leave Act creates no impact on the federal budget.

While these four examples differ, they illustrate how advocates are reframing their issues as they begin to understand the limits of compassion. At the most basic level, advocates are learning to use the language of values. They are talking about family and work and fairness. They are delivering positive messages that emphasize what works rather than what's wrong. They are learning to convey their messages simply—and using more effective messengers to tell their stories.

Beyond these changes in language and framing, advocates are beginning to design their proposals differently in terms of government's role.

These design changes reflect the convergence of several factors. In the 1960s, there was a general recognition that social injustices such as racial discrimi-

nation were so pervasive that a federal role in redressing them enjoyed wide legitimacy. Today, however, many citizens believe that problems affecting families and children are more personal than systemic in nature, both in their causes and in their solutions.

Complementing changing beliefs about responsibility for solving social problems are changing models of governance. With the advent of devolution, the federal government is no longer the most important actor in solving social problems. State and local governments, as well as religious and community-based institutions, play increasingly important roles in social change.

As a result, advocates are proposing ideas that limit the role of government in solving problems. They are looking less often to the federal government as the most important actor for social change, choosing instead to work with states and communities. And they are proposing incremental changes rather than massive systems reforms.

These changes are significant. But they do not go far enough. As some of the examples offered in this paper show, some of the truly effective ideas for helping children and families are those devised in partnership with communities and with parents. In the best of cases, advocates are learning to listen more carefully to what families want and need—not simply using research to decide what's best and trying to impose their solutions from a distance. Indeed, the policies and programs being championed by the most effective advocates reflect a knowledge of research and best practices. But the policies also are shaped to suit the needs and values of the families they seek to serve.

Understanding Public Values at the Turn of the Century



Every social policy question of the 1990s was debated against a backdrop of public concern about the larger issue of "family values." Many Americans feel that there is a moral crisis in this country, and they blame it on the dissolution of the traditional family and all of its perceived causes: women in the workplace, divorce, unwed parenthood, pressures from popular culture and the media, and lack of parental discipline. In poll after poll, citizens say they long for a return to traditional "family values."

Republican pollster Ed Goetas of the Tarrance Group suggests that much of the discontent comes from baby boomers. As the post-World War II generation came of age, its members defined what they wanted to give their children as what they lacked during their own childhoods: vast quantities of material possessions. Now that many in this generation have achieved their goal, they are reevaluating its importance, says Goetas. "People are starting to question their values, and the values they are passing on."

In the public's view, who is harmed by these changes in values? Children. Andrew Kohut, director of the Pew Center for The People and The Press, says that in a 1999 poll on people's view of the 20th century, "children and farmers stand out as the two groups that have not made progress."

The Role of Parents in Raising Children

But if children are suffering, most people blame their parents. Most Americans feel that raising children, first

and foremost, is a parental responsibility. As Theda Skocpol notes in *The Missing Middle: Working Families and the Future of American Social Policy* (W.W. Norton & Company, 2000), "When any condition is mentioned for children, whether it be poverty or delinquency, people automatically wonder, 'where are the parents?'" In an April 2000 poll by the Pew Research Center for The People and The Press, for example, 85 percent of respondents said that parents, not schools, are responsible for preventing youth violence.

In general, both women and men feel that the responsibility for raising children should fall primarily to mothers. In a 1999 *Los Angeles Times* poll, *Raising Children in California*, 68 percent of fathers and 69 percent of mothers surveyed in California feel that it is "much better for the family" if the father works outside the home and the mother stays home with the children. The same sentiments were expressed in the 1998 *National Survey of Americans on Values*, in which 79 percent of those polled agreed strongly or somewhat that "it may be necessary for mothers to be working because the family needs money, but it would be better if she could stay home and just take care of the house and children."

Despite these poll results, however, Americans remain deeply conflicted about whether mothers should remain at home. Two core values are in conflict: the notion that mothers have primary responsibility for children and the notion that all Americans should enjoy an equal opportunity to succeed. Tom Smith, director of the National Opinion Research Center at

the University of Chicago, points out that the United States stands in contrast to most other nations, where citizens are consistent in their beliefs that women should have careers or women should stay home. "We're higher than average in saying women should be able to work and have careers, and that women should stay home with the kids."

A 1998 Pew Research Center poll, *Motherhood—A Tougher Job, Less Ably Done*, provides a good example of this inconsistency. That poll found that most women prefer to work, at least part time, rather than staying home full time with their children. But the same poll found that only 17 percent of women believe that the increase in mothers working outside the home is a good thing for society. "It's a values clash you can't get away from—ever," says James Weill, executive director of the Food Research and Action Center and former general counsel of the Children's Defense Fund.

Indeed, the issue has long been the subject of polarizing debates. In his book, *The Futility of Family Policy* (Brookings Institution, 1981), Gilbert Steiner noted the lack of public consensus about what "family policy" should be. "For feminists and their sympathizers," he wrote, "the family policy ideal is equality of employment opportunity, equal sharing of parental responsibilities, and pre-school child care." But, Steiner noted, a mother-in-the-home as "every child's birth-right" is also argued as family policy.

Government Intervention in Families

Examining the political context of the early 1980s, Steiner pointed out that family policy proposals focused on such issues as adolescent pregnancy, child care, child support and welfare, all implied "intervention, regulation, public assistance, manipulation of individual choice." Yet these ideas were proposed at a time "when the national swing is to nonintervention, deregulation, fiscal restraint, reliance on market forces." To succeed, he suggested, these policy proposals would have to be proven ones, and trust in government would have to be high.

Trust in government was not high in the early 1980s. Nor is it high nearly two decades later. A 1999 report, *Kids These Days*, offers a glimpse of public attitudes about the role of government in helping families with children. Public Agenda, the research organization that produced the report, found that 79 percent of the public prefers private efforts to government assistance.

In general, citizens felt that government programs designed to improve the health and well being of children fall short in three ways. First, America's concern for children centers primarily on moral and character issues—not poverty, health care, or even education—and raising moral children is considered a family responsibility. Second, people believe that parents, not a lack of government programs, are at the heart of the problem. And finally, the public lacks faith in the efficacy of government-sponsored family interventions.

Indeed, poll data illustrate the latter sentiment. By overwhelming margins, Americans don't trust government and don't want government intervening in family life. In a *Los Angeles Times* poll on child care only 18 percent of respondents felt that government should have primary responsibility for ensuring access to affordable child care. Why? It's quite simple, says Richard Morin, who directs polling for *The Washington Post*: "We don't want the government to be the kids' babysitters."

Americans also lack faith in the government's competence. "There's still a lot of public concern about government intervention in families," says Alice Walker Duff, a leading child-care advocate and the executive director of Crystal Stairs, a child-care assistance program in Los Angeles. Clearly, many Americans are uncomfortable with the idea of trusting government agencies to development quality child care programs.

Feeding this discomfort is the fact that parents bring their own values and cultural beliefs to child rearing. "Raising children is such a personal thing," says early childhood expert Louise Stoney. "People want to raise children with their own values." She notes that countries with state-run child-care systems,

such as France and the Scandinavian nations, are largely homogenous.

"People know what they want a French child to be," Stoney says. "Here, there's not a common belief about what it takes to raise a child. There are different cultures, different religions. People are very shy about government getting involved in raising children. It smacks of Orwell." As pollster Ed Goetas says: "People do believe that 'It takes a village to raise a child,' but they want a village that expresses the values and beliefs they have."

Government Responsibility for Broken-Down Families

The public has long supported government intervention to help disadvantaged citizens because the public views them as blameless. Says Kohut, "One of the most important things that has not changed over time is the view that we have a responsibility to help the disadvantaged." And when blameless children suffer because their parents cannot support them financially or emotionally, the public is willing to let government step in.

This attitude accounts for much of the public support for interventions such as Head Start, the State Children's Health Insurance Program (SCHIP), and subsidized child care. For example, a 1998 poll by the Pew Research Center, *Deconstructing Distrust: How Americans View Government*, indicated that 74 percent of respondents favored increasing federal spending on child care for low-income families; 31 percent favored it strongly.

Support for government intervention, however, is tempered by suspicion of "big government" programs, by scant public support for public expenditures that could increase taxes, and by Americans' distaste for helping the "undeserving" poor. This last point, which expresses a widely held value about the importance of work and morally acceptable behavior, has crucial policy implications.

Americans' support for government intervention wanes as children age. As Morin points out,

"Everyone loves babies, and babies are not responsible for their actions. Through age two, you're golden." But by the time those children are adults, the public only wants to help them if they are hard working and morally upright. So government supports that help parents—such as child care—are generally less popular than those targeted exclusively toward children, such as SCHIP and the school lunch program.

The public's conservative views about gender roles and parenting, mistrust of big government, and stereotypes about the "undeserving" poor all boil down to one simple fact. Compassion has its limits—especially when that compassion conflicts with other deeply held values.

Children's advocates have been slow to recognize those limits. Margaret Simms, research vice president of the Joint Center for Political and Economic Studies, suggests that this failure dates from the 1960s when these advocates could count on a sense of broad national purpose on many issues. "In the 1960s, the public agreed that no one wanted people in poverty,

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and everyone wanted children to be healthy and happy and well educated. Liberals were so sure of the clarity of purpose and rationality of their positions that they didn't develop strategies in advance for selling their

agenda." While the majority of Americans now expect public policy to reflect more traditional values about responsibility, says Simms, "Liberals have not adjusted by creating a comprehensive strategy to persuade people of the value of their agenda."

During the welfare reform debate, for example, many advocates took the position that women receiving welfare should not be required to work. They argued that work requirements were no more than forced labor and that women on welfare should be able to stay at home with their children during the critical early years.

But public compassion for welfare recipients had diminished. Welfare advocates never developed effective responses to counter-arguments that work was essential to attaining self-sufficiency and a sense of dignity, and that welfare mothers should not receive public support to stay at home while low-income and middle-class mothers were working to support their families.

"I think a fundamental problem in the period leading up to the 1996 welfare law was that there was no liberal vision about what the welfare system should be—or what it should do," says Mark Greenberg of the Center for Law and Social Policy, a Washington, D.C.-based research and advocacy group. "Advocates were apprehensive about work requirements because they feared that states would apply the requirements in arbitrary and unfair ways." Greenberg notes, however, that "These concerns were never effectively communicated; instead, it sounded like advocates were opposed to the idea that parents should be expected to work."

Greenberg also points out that some basic benefits and protections of the welfare system were vulnerable on equity grounds. Why should some parents of young children get government support to stay home when parents of other young children don't have that choice? Why should government help parents on welfare go to school without offering the same help to working parents?

To solve these equity problems, advocates had only two choices: expanding benefits and services to

include more families—or reducing supports for welfare families. Once it became clear that any viable welfare bill would have to reduce spending, advocates focused on strategies for improving the existing system while cutting costs. Thus, Greenberg says, "they found themselves in a position of seeming to defend a deeply flawed system."

Many of the advocates recognized the power and effectiveness of the conservatives' emphasis on values. Yet most of them, who value their neutrality and secularism, could not bring themselves to adopt what they consider a tactic of the Christian coalition. And when polling by welfare rights organizations showed the need to engage on the "values" question, large portions of the liberal community chose to ignore those polls.

In recent years, family advocates have begun to accept the need to articulate a vision that resonates more with public values. But as Alice Walker Duff suggests, they still have a way to go. Some of the advocates, she says, "fear the public. I don't think they know the public they're trying to change. I don't know if you call it elitism—it's really a philosophical or political ideology that hasn't gone far enough. How do you really change hearts and minds? The progressives started out by trying to change people's hearts and minds by legislating or going to court." Conservatives, she says, "went deeper," tapping into core values.

In the past few years, however, progressives have learned to "go deeper" as well. And as the following case studies illustrate, values-oriented arguments can produce results.

Beyond Compassion: Public Values and Children's Policy in the 1990s

Today, there is greater public investment in child care than at any time in our nation's history. But the history of the government's role in providing child care is long and contentious.

The Child Care Debates

Child care advocates like to point to World War II as the beginning of the federal government's involvement in child care. As millions of American men went to war, millions of American women went to the factories. Because these women were viewed as sacrificing their role as mothers to help America win the war, Americans had few qualms about public support to ensure that their children were well cared for; the federal government funded child care centers and extended-day school programs across the nation.

But this was not the beginning of a trend. Rather, it was an aberration. When the war ended, women returned home. Child care did not again become an issue until mothers began joining the workforce during the 1960s and 1970s. This time, however, no war unified public opinion in support of working women. Indeed, working mothers encountered a significant backlash from conservatives who felt that women belonged in the home. As Gilbert Steiner noted in *The Futility of Family Policy*, conservatives successfully used arguments about the sanctity of the family to defeat three separate child care bills in the 1970s. These proposals, modeled on the Head Start experience, would have increased the federal role

in providing a variety of child and family services.

In 1972, President Nixon vetoed the Economic Opportunity Amendments, saying, "For the Federal Government to plunge headlong financially into supporting child development would commit the vast moral authority of the National Government to the side of communal approaches to child rearing over against the family-centered approach."

Three years later, opposition to the Family and Child Services Act of 1975 was driven by an anonymous flyer warning that "as a matter of the child's right, the government shall exert control over the family." Though supporters made a strong case that the flyer misrepresented the legislation's intent, they could not overcome public mistrust and the bill was withdrawn. Finally in 1979, as Steiner's book recounts, the Carter Administration scuttled pending child care legislation by withholding crucial support.



An assistant secretary of the Department of Health, Education, and Welfare, for example, told a congressional committee that, "Serious questions remain, for example, as to what constitutes the best way to achieve quality child care and what the federal role and responsibility should be."

The child care issue reemerged in 1987 with the introduction of the Act for Better Child Care by Senator Christopher Dodd and Representative Dale Kildee. Dodd and Kildee marshaled significant bipartisan support for their bill, which would have authorized federally subsidized child care for any child under age 16 whose family income did not exceed their state's median income (though priority would have gone to low-income children).

Though that bill did not pass, the 1988 Family Support Act provided limited funds to subsidize child care for welfare recipients. Also in 1988, child care became a national political issue. At a speech before the Business and Professional Women's convention just after his nomination, then-Vice President George Bush promised support for a number of efforts to help families, including child care. Two years later, Congress expanded federal support of child care for low-income families, establishing the Child Care and Development Block Grant and the At-Risk Child Care program.

Despite these successes, advocates did not find the battle for child-care funding easy. Ron Haskins points out that as a political issue, child care has limited appeal. Haskins, former staff director for the Republican-controlled House of Representatives Human Resources Subcommittee of the Committee on Ways and Means, recalls that during child-care battles in 1990, even liberal Democratic Rep. George Miller of California, who supported the idea, conceded that day care was not a winning issue. "Most families make their own arrangements, and their kids grow up," notes Haskins, "so they need child care only in the short term. It doesn't have broad political appeal."

Ethel Klein of EDK Associates has conducted focus groups around the country on child-care issues and says that at the moment, child care "is seen like the abortion issue—as a necessary evil. Even if you

thought it was a good thing, why should the government pay for it?"

Not until "Work First" took center stage in the welfare debate did government investment in child care expand again. With the passage of federal welfare reform in 1996 came significantly more federal spending on child-care subsidies for people on or leaving welfare. The measure also gave states flexibility to spend part of their welfare block grants on child care. In 1997, federal and state governments spent nearly \$4.2 billion on child care. The next year, the federal budget included an additional \$173 million to improve the quality of child care. Child-care advocates won these increases by arguing that subsidized child care was essential for moving welfare recipients into the work force and keeping them there.

At last they had an argument with broad public appeal—it not only tapped into Americans' compassion for vulnerable children, but it complemented their core beliefs about work and self-sufficiency.

"The theme of 'helping families work' works," says Helen Blank, director of the Child Care and Development Division at the Children's Defense Fund (CDF). CDF's basic message still emphasizes that children need many supports to grow up healthy and stable—from housing to health care to education. But when the organization talks about child care as one of those supports, says Blank, "We remind people that child care is important because it helps children and parents succeed."

Michele Piel, president of Enterprise Child Care, a project of the Enterprise Foundation, says the strategy works best when advocates avoid "getting bogged down in the values of whether women should work. Even though we might long for the days when mothers stayed home and took care of children, they don't."

The fairness issue has also played a role in the child-care debates. Child-care advocates have experienced considerable success in the U.S. Senate in recent years by arguing that poor working families deserve the same child-care subsidies as welfare families. Though they have not been able to replicate their success in

the more conservative House of Representatives, Haskins suggests that the fairness argument is the most persuasive one that child-care advocates could make to conservatives.

Some observers feel that child-care advocates should take their fairness arguments a step further by arguing for child-care policies that benefit working-poor and even middle-class parents. According to Irwin "Tubby" Harrison, whose Massachusetts-based polling firm specializes in public affairs research, "The system has to be inclusive and serve a good purpose for everyone. The way it's set up now, it's helping the poor. But a lot of women who feel guilty about having to work are worried about child care." And David Ellwood believes that child-care advocates should eventually move toward more universal benefits. "It's ultimately a middle-class issue," he says. "Linking benefits to the poor and benefits to the middle class is key. That is how it worked with Medicare. You need to help the middle class with child care."

But if advocates want to expand government support for child care beyond what is necessary to serve poor families, they will have to respond to two other issues that ordinary citizens care about. First, they must honor the primacy of the family and ensure that whatever they propose does not appear to usurp parental rights or responsibilities. As Ralph Smith, senior vice president of the Annie E. Casey Foundation, observes "There is still tension arising in child care—the feeling that the way we talk about child care diminishes the family's role, particularly because child care is usually described by advocates as center-based care. We need to help parents in the home, we need family-based care, *and* center-based care."

Which brings up the second challenge for child-care advocates. Many of them continue to speak in terms of creating a child-care "system." And while their notion of a "system" may include a variety of models and the training, credentialing, and regulation needed to support those models, they must become more explicit in acknowledging that different families need different types of care for their children. They must work with the three parallel child-care systems

that exist now: center-based care, family day care, and informal care provided by family, friends, and neighbors. "For very wrongheaded reasons," says Michele Piel, "we've gotten into this bind where we take these three different things and make them the same."

Some child-care advocates are beginning to realize that they should not attempt to overhaul and standardize child care nationwide or pull the myriad settings in which children receive care into one seamless "system." Even if they could, public support for a uniform child-care system seems limited. Almost all parents value choice. Most middle-class parents insist upon choice. It won't be possible to build public support for investments in child care until advocates offer solutions that support and improve all three types of day care.

Indeed, the most effective child-care reform efforts honor the decisions of parents and recognize the value of this existing three-part infrastructure. Karen Ponder, program director of the North Carolina Partnership for Children, says the very first obstacle faced by the state's highly regarded Smart Start Initiative was the family values issue. When the idea was first debated in 1993 and 1994, Ponder says an organized effort to stop Smart Start portrayed it as an effort "to take children away from families and put them in organized day care."

To counter those arguments, advocates reframed their proposals to say that "whatever decisions parents made about child care, the goal of Smart Start was making sure that the care was high quality." Ponder also says that Smart Start's supporters didn't try to push for a more uniform, center-based system of child care. "We didn't want to miss the opportunity to use what we have in our communities; that was the right way for our state." Smart Start focuses not only on improving the quality of child care centers, but also on offering resources and support to informal care providers.

The State Children's Health Insurance Program

For at least a decade, Congress has considered proposals to insure children without health insurance who are

not eligible for Medicaid. Ironically, it was the failure of President Clinton's universal health care package in 1994 that gave the issue new urgency. According to Judith Waxman of Families USA, which promotes expanded health-care coverage, "After the demise of health reform, when it became clear a big package wasn't going to happen, there was considerable talk about whether we could do something for kids."

With the passage of the 1996 welfare reform law, which significantly tightened Supplemental Security Income and Medicaid eligibility requirements, the issue became even more urgent as many children

SCHIP also succeeded because it focused on the most vulnerable segment of the low-income population. Children, especially young children, are blameless. This is why efforts that target them will, in the future, probably enjoy more political success than those that also help their parents, at least in the case of the non-working poor.

and their families lost eligibility. Advocates began to push for an expansion of Medicaid to cover all low-income children, an idea that enjoyed broad public support.

In a June 1997 Harris poll, 82 percent of respondents supported the principle of expanding government-subsidized health insurance to children who had no private insurance. Later that year, as part of the Balanced Budget Act, Congress and the president established the State Children's Health Insurance Program (SCHIP).

Passage of SCHIP was a considerable achievement. The program provides health insurance to uninsured children up to age 19. States set eligibility levels, but the federal law grants matching funds to states to cover children whose families' incomes are as

high as 200 percent of the federally defined poverty level. A 1998 Urban Institute report estimates that about three million uninsured children are eligible for SCHIP, and federal officials hope to enroll at least 2.5 million children by 2002.

SCHIP was passed in part because of its emphasis on helping working families. Republican Senator Orrin Hatch, a key conservative supporter of children's health insurance, made a classic values argument when he and Democratic Senator Ted Kennedy introduced a children's health insurance bill in April 1997. "It is heart-rending to me when I have uninsured families come into my office—many of whom are young and who have children," Hatch said on the Senate floor. "These families are frantic; they don't know where to turn when a child gets sick.... They are hard-working people. They are the working people of our society who are the poorest of the poor not on Medicaid, who cannot afford health insurance and, frankly, who do not know where to turn."

SCHIP also succeeded because it focused on the most vulnerable segment of the low-income population. Children, especially young children, are blameless. This is why efforts that target them will, in the future, probably enjoy more political success than those that also help their parents, at least in the case of the non-working poor. James Weill, of the Food Research and Action Center, points out, "Those programs in which you give the child services without giving services to a parent that the public may see as indolent—a Medicaid card, for example—typically have been more politically viable than programs that give benefits to non-working parents."

It is worth pointing out, though, that two years after passage of SCHIP, the results are mixed. A 1999 Families USA study that examined the 12 states with the largest number of uninsured children found that 2 percent fewer children were enrolled in the states' children's health programs in 1999 than had been enrolled in Medicaid alone in 1996, despite the dramatic expansions in eligibility under SCHIP. While SCHIP enrollments have gained steadily, these gains were offset by declines in children's Medicaid coverage.

Despite a decrease in the child poverty rate and a booming economy, the number of uninsured children rose from 10.6 million in 1996 to 11.1 million in 1998.

Advocates are cautiously optimistic that as difficulties with recruitment and implementation are worked out, the numbers will rise. Waxman also points out that the idea is gaining momentum. As of April 2000, two-thirds of the states offered Medicaid or state children's health insurance to children in families with incomes up to 200 percent of the poverty line, or even higher.

But it may also turn out that the difficulties in enrolling families will linger, and that child-health advocates need to consider other issues. In August 2000, the Robert Wood Johnson Foundation released a story showing that six out of 10 parents whose children might have been eligible for health insurance did not believe their families were eligible for the programs. Sarah C. Shuptrine, president of the Southern Institute for Children and Families, is directing the Robert Wood Johnson Foundation's *Covering Kids* program, a \$47 million initiative to improve health care access for low-income children.

Shuptrine says that in addition to lack of parental awareness, the decline in Medicaid enrollment is due to many factors: lack of correct information and outreach to eligible families, the complexity of the Medicaid application process, the stigma attached to public health care coverage, changes in eligibility, and lack of coordination in public and private agencies. In other words, says Shuptrine, "Medicaid is not user-friendly to working families."

While SCHIP was designed to be a much more easily accessible system, a 1999 report by the Center on Budget and Policy Priorities noted that many poor working families don't enroll their children in SCHIP—either because they don't understand the program or they don't want to deal with the difficulties involved in proving that they meet yet another government eligibility standard. SCHIP's slow start serves as a reminder that while bringing programs for children and families in line with widely shared public values

may boost their political appeal, their ultimate success as policies depends on building support and confidence among the people who will use the programs.

Early Childhood Development

Scientists, psychologists, teachers, and caregivers have known for more than 20 years that the first few years of children's lives are critical to their physical, emotional, and intellectual development. But in the past six years, the notion of "early brain development" has captured the public's attention.

This interest was triggered by new information about human brain development that prompted researchers and policymakers to reconsider traditional beliefs about how and when children learn. One catalyst was the 1994 report, *Starting Points: Meeting the Needs of Our Youngest Children*. The report, produced by Carnegie Corporation of New York, highlighted the critical importance of quality care in the first three years of life.

The media seized on this and other research indicating that right after birth, babies' brains begin producing trillions of neural connections called synapses. Stimulating these synapses in a healthy way during the first three years of life, research suggests, can improve children's intelligence and aptitude. Studies also suggest that helping families learn how to care for young children can change outcomes for children.

The idea captivated audiences of eager parents as well as policy makers and educators. In 1997, *Newsweek* magazine produced a special issue, *Your Child: From Birth to Three*. ABC-TV ran a television special, *I Am Your Child*, created by Hollywood producer Rob Reiner and narrated by Tom Hanks.

This attention has helped fuel an argument that the nation needs new efforts to promote young children's healthy development. "I think it's had a very profound impact on policymakers and a sector of the business community and civic leaders who would be likely to be involved in child care," says early childhood expert Louise Stoney. In the late 1990s, members of Congress from both parties introduced bills to

promote early childhood development, and nearly all of these politicians featured brain research prominently in their speeches.

It's not hard to see why early childhood development in general, and the findings from brain research in particular, would appeal to policymakers and the public at large. First, the information sounds irrefutable: Early childhood development is an issue rooted in science, not values. Second, Morin's adage that "babies are golden" applies here; early childhood development programs are by their very nature directed at young children, and even early childhood programs that serve parents, such as home visiting, parenting education, and family support, are seen primarily as benefiting children, not adults.

The renewed interest in early childhood development has given a boost to existing programs such as Early Head Start, which served 35,000 children under age three in 1999 and received a significant funding increase for 2000. Advocates also scored major political successes at the state level in the late 1990s with increases in funding for early childhood programs in Florida, Georgia, and North Carolina.

The most significant political victory, however, was in 1998 in California. In a referendum campaign for Proposition 10, which was organized by Rob Reiner, voters imposed a new 50-cent-per-pack tax on cigarettes, with proceeds dedicated to early childhood education and anti-smoking programs. The results of the vote, which opponents unsuccessfully sought to overturn in 2000, send 80 percent of an estimated \$700 million a year directly to county commissions to spend on early childhood programs.

Each of California's 58 counties gets to develop its own system of services for children from before birth to age five. While the program is still in its infancy, all but two counties have developed strategic plans. Urban Alameda County, for example, is investing the bulk of its \$20 million annual Proposition 10 allocation in improving child care options for parents, home visiting and intensive support to at-risk families, and grants to community-based organizations. Rural Kings County, with its annual \$2 million allocation, will focus on 10

goals, including establishing family resource centers, providing free or low-cost enrichment activities for young children, and improving parent education.

Family and Medical Leave

Family and medical leave began as a women's issue. In 1984, a federal district court struck down California's maternity-leave law as discriminating against men, and the Women's Legal Defense Fund took on the cause of "saving" maternity leave. Donna Lenhoff is general counsel of that organization, which is now known as the National Partnership for Women and Families. Lenhoff says that advocates quickly realized that they needed to make family leave gender-neutral. Had it remained a women's issue, it would not have succeeded as a public policy, because it would have pitted one constituency against others instead of uniting many groups to support what they came to believe was a public good.

Congressional Democrats introduced the first family and medical leave bill in 1986. Over time, as Congress debated the legislation, the FMLA's supporters—originally women's groups and children's organizations—learned to reframe the issue. Eventually, they settled on a successful formula: the FMLA as a minimal labor standard that enables families to balance work and family priorities after childbirth and during serious illness.

This description put the policy's backers squarely in line with the core American belief that families should care for their own. Equally important, the Family and Medical Leave Act did not entail any government intrusion into family life. Rather, government was cast in the role of supporting families by mandating that employers grant unpaid leave to workers who choose to take it. In essence, FMLA advocates built political appeal by focusing on the well being of children, respecting the integrity of the family, and offering a benefit to all working families, not just poor families. Nor did they jeopardize the legislation's chances by imposing high costs on government or employers.

The bill passed Congress in 1992, but President George Bush vetoed it. Business groups had lobbied heavily against the bill, arguing that it amounted to unnecessary, burdensome, and costly regulation during a time of economic recession. Social conservatives opposed the bill as well, arguing that it would lead to government interference in family life and employer discrimination against women.

In this case, conservatives misread the public's values. It made sense to the public that working people should be able to care for a sick parent or a newborn child without losing their jobs. The FMLA became a major issue in the 1992 presidential campaign, and once again, its advocates used effective language to promote their cause, trumpeting the FMLA as a true reflection of "family values," the phrase that President Bush had made his mantra.

The FMLA was the first legislation that President Clinton signed after he took office in 1993, and six years after its passage, it remains popular with the public. In a 1998 poll commissioned by the National Partnership for Women and Families, 75 percent of women and 65 percent of men polled thought it was very important that employers grant family and medical leave.

Yet only about two percent of U.S. workers take advantage of the program. There are at least two major reasons for such low utilization rates: 45 percent of American workers are ineligible because they work for small employers or haven't worked for their current employer long enough; and many workers simply cannot afford to take unpaid leave.

The Republican-controlled Congress has not acted to expand the FMLA or to make it easier to use (in fact, some Republicans have introduced bills to scale it back). So FMLA advocates are adapting their strategy once again. The National Partnership for Women and Families launched a campaign in the states to create paid family leave using state unemployment insurance or disability insurance programs.

By August 2000, however, proposals in 15 state legislatures had been defeated, largely by lobbying from business groups and opponents who warned that

the proposals could deplete unemployment insurance reserves that might be needed in time of recession. Labor and women's groups, citing growing public support for government policies to help working families, planned to reintroduce similar proposals in the states in 2001.

New Strategies Emerge

As these four cases demonstrate, advocates for children and families have begun to learn to frame their ideas to resonate with public values about family, work, and fairness. In addition to crafting their messages to take the public's values into account, many advocates are proposing strategies that offer a different role for government, with an emphasis on partnerships with institutions that focus on improving communities at a local level, de-emphasize the role of government, and build consensus support for their solutions.

The benefit of appealing to traditional values is that it requires advocates to listen to the people to whom they must sell their ideas—the citizens whose support is vital for policy to become public, and the “consumers” who will ultimately determine the policy's success or failure. By listening more closely to these groups, advocates can tailor both their policies and their messages to what the public truly wants. A few of the most promising techniques follow.

Making Problems Manageable

The smaller a problem seems, the more manageable it becomes, and the easier it is to garner public support. “People connect to numbers that are small and local,” says James Weill. “If you tell people the government is spending \$6 billion on Head Start, they may think it's too big. But if you tell them there are 2,000 slots in their city for four-to-five-year-olds, they may think ‘Well, all right.’”

With the notable exception of welfare reform, which completely overhauled the nation's public assistance system, the 1990s has been a decade of incremental change. The public seems to prefer smaller, more local solutions to manageable problems, rather than major new government initiatives to tackle massive problems like child poverty.

Thinkers on both ends of the political spectrum have learned how to “define problems down” in recent years, with results that should be encouraging to policy advocates. Douglas Besharov of the American Enterprise Institute, for example, has advocated tailoring policy proposals to smaller subsets of children instead of dealing with all children, or even all low-income children, as a homogenous group.

The Annie E. Casey Foundation has put this approach into practice with its annual *Kids Count* data book on child well-being. The foundation now emphasizes that while about 14 million children live in families below the poverty line, only a hard core of between three and five million children live in poor inner-city areas and are exposed to four or more risk factors associated with poverty. Rather than champion massive and costly interventions for all 14 million poor children, the foundation focuses on the children who are most at risk—a much smaller, more geographically concentrated, and more manageable population.

Even SCHIP, which represents a huge investment of federal and state resources to benefit poor children, can be seen as an incremental alternative to

national and universal health insurance. Health and children's advocates decided to pursue SCHIP only after President Clinton's comprehensive health care proposal failed in 1994. "Though the Children's Defense Fund had strongly supported universal coverage, all along we thought that if health-care reform fell apart we'd take a run at a children's program," says Weill. "Even though SCHIP was three years later, it was a spin-off of the universal health care fight."

Avoiding False Hopes and False Crises

When advocates seek public support for children's programs, they rarely know how much money is needed or when demonstrable results will be available. So they "round off" the dollar figures to what they think they can get, and promise impressive results. When the investment doesn't pay off quickly, the public feels betrayed. For example, when school systems seek



tax increases for public education, they often provide voters with lists of what the additional taxes could pay for—reducing class size or increasing the number of computers in each classroom. When voters approve the new taxes and still read about overcrowded classrooms two years later, they lose some of their faith in public education.

Increasingly, advocates who want the public to embrace their ideas concentrate on building realistic expectations. Toby Herr, director of Project Match, has succeeded in helping many former welfare recipients enter the workforce by getting them started slowly—with volunteer or part-time jobs. And she says that she's built support for the approach by telling the truth. She tells funders and public officials alike that most welfare recipients have limited work experience and poor social skills, and that they are not likely to succeed in the very first job they find. The truth, says Herr, makes sense to people, and it builds support for a gradual approach to entering the workforce.

If predicting Nirvana erodes public confidence in an advocate's trustworthiness, so does its opposite: predicting disaster. "All too often, the advocates rely on trying to create a sense of outrage," says pollster Jennifer Sosin of BSMG Worldwide. "But look at welfare reform. What's happened is very different than the catastrophic events they predicted."

The Heritage Foundation's Robert Rector recalls that when President Clinton proposed a massive investment in child care in early 1998, children's advocates "just opened up the file cabinets. I hadn't heard about a child-care crisis in five years, and all of the sudden here it was, and it was the same press release." This made their arguments, he suggests, particularly easy to counter.

Focusing on What Works

Unfortunately, much of the news about America's low-income families is bad. The challenge facing advocates who seek to speak on their behalf is to accentuate good news so that the public doesn't feel that efforts to help such families are hopeless.

For many in the child advocacy community, the prevailing method of selling new policy ideas has been to analyze the problem at length, then follow with a few pages of recommendations for change. Indeed, some of the most prominent child advocates cast themselves as messengers for what's wrong. The result? They add to the sense of despair and hopelessness.

Michele Piel, who was formerly chief of the child care bureau for the state of Illinois, learned early about the value of a positive message. "When welfare reform came down," she recalls, "rather than talk about children on grates or starving in the streets—even though that may have been a concern—we decided to sell it as, 'We're all going to be working, but some of the jobs people get don't pay enough to give them things that they need, such as care for their children.' Even in (conservative) southern Illinois, people understood this. I decided that was a better approach than what I'd done in past decades, which was 'Oh my God, we're only serving 30 percent of need.'"

This ability to put the problems of low-income working families in terms that ordinary citizens could not only understand but sympathize with, allowed Piel and her allies to win approval for substantial increases in child care benefits under a Republican governor and in the generally conservative Illinois legislature. When Piel took office in 1990, the child-care bureau's budget was \$50 million. When she left in 1998, it was \$400 million.

Rhode Island's *Kids Count* initiative offers another example of how successful accentuating the positive can be. As one federal official recently noted, some children's advocacy groups work patiently with state and local officials each year to look at the implications of *Kids Count*, the Annie E. Casey Foundation's state-by-state compilation of statistics of child well-being, and work together to craft policy ideas to improve bad indicators. But in other states, the federal official said, "They just take *Kids Count* up to the state capitol and bash their enemies over the head with it."

Not so in Rhode Island. "We always lead with the good news," says Elizabeth Burke Bryant, director of Rhode Island's *Kids Count*. "It's important to hold

people accountable for results; it's also important to give them credit for what they've accomplished." Bryant says that childhood poverty is still the state's biggest problem and that indicator has not improved over the years. But on other issues, such as infant mortality, prenatal care, and children entering school with high lead levels in their blood, the state's indicators are moving in the right direction.

When Rhode Island's *Kids Count* book comes out each spring, the book highlights possible solutions, not just problems. And when those solutions are implemented, *Kids Count* advocates make sure that policymakers, as well as leaders from the business and philanthropic community, get credit for the positive results.

Making Research and Evidence Actionable

"One of the fundamental errors people who are well-intentioned make is, they start with the assumption that what they need are more facts, more data," says Deborah Wadsworth, executive director of Public Agenda. "They believe that if only the facts were made clear, then people would understand why policy idea 1, 2, or 3 is the perfect way to solve the problem. But it's not the lack of data that's driving the resistance. Advocates need to stop drowning people in data. They need to stop talking in jargon."

Even well explained research can be difficult to translate into policy. Ellen Guiney, director of the Boston Plan for Excellence in Education, points out that too often, research doesn't get translated into practice. "So many people in research know a lot, but they don't know how to translate it into policy," Alice Walker Duff agrees: "Making the connection between researchers, the public, advocates, and the field—the dearth of those connections is really scary."

Research about early childhood development and the developmental risks facing low-income children is plentiful. In 1994, Carnegie Corporation of New York released *Starting Points: Meeting the Needs of Our Youngest Children*, which highlighted the critical importance of quality care in the first three years of children's lives. One year later, the Packard Foundation's *Future of*

Children journal reinforced the point in *Long-Term Outcomes of Early Childhood Programs*.

Academic research, however, lacks real meaning for policymakers and communities unless they understand its local implications and learn about models for change. This has been particularly true of the early child development issue, which encompasses a range of programs from health to education to social development. "Even at a time when states have money, they're not spending it on brain development," says Michele Piel. "Part of that is, we haven't yet proven that investments in brain development produce results." In addition, she says, "We just haven't operationalized the theory."

In the political sense, operationalizing the theory means providing policymakers with concrete ideas for what they can fund to help young children. In some states, officials decided for themselves what "spending money on brain development" meant for them. Through North Carolina's Smart Start Initiative, the state offers child care subsidies to needy families, better training for early childhood teachers and a variety of community-based outreach initiatives. In Ohio, the Early Start program targets children from birth to age three whose family circumstances suggest high risk of abuse or neglect. The program includes home visits and referrals to community services such as health care or parenting classes.

Another example comes from Pittsburgh, where the Heinz Endowments commissioned a report that was published in 1990 and updated in 1994. This report, *Overcoming the Odds: Children at Risk in Pittsburgh and Allegheny County*, identified 41 Pittsburgh neighborhoods where children under age six were at greatest risk. Margaret Petruska, director of children, youth, and family programs for the Heinz Endowments, says the report's publication marked the first step in building a broad public-private constituency for action on behalf of low-income children.

Using the same risk factors as the Annie E. Casey Foundation's *Kids Count*, the report helped the community understand the factors that place children at risk. The report also educated the community about

which neighborhoods were home to large numbers of needy children. But the report didn't focus on bad news only; it provided hope for the community by citing exemplary national program models with proven results and promising regional program models.

The report also appealed to a constituency that politicians cannot ignore: the business community. With a thoroughly documented report, says Petruska, "The coalition was able to convince a very conservative business community, in a time of policy volatility, that providing high-quality early education programs to the highest risk families and children under six was a very noble goal." The result? The Pittsburgh community created a broad-based public-private early childhood education partnership known as the Early Childhood Initiative (ECI).

As of October 1999, the initiative's third year, \$36 million in grants and pledges, including \$1.8 million in public funds, had been committed toward the project's \$59.8 million goal. Although the passage of Pennsylvania's welfare reform legislation in 1997 dramatically affected ECI's plans and cost estimates, a strong business coalition continues to work at the state level to enlist political leaders' support.

What happened in Pittsburgh is unusual. As Cornelius D. Hogan, former secretary of Vermont's Agency of Human Services, notes, "Government human and social services agencies have not done a good job of relating to the business community in its own language." He points out that the business community understands "outcome thinking." Hogan says that when social service agencies can present data about outcomes to Rotary Clubs and other local business groups, they begin to make real progress in building support for investments in children and families.

A 2000 report, *Our Youngest Children: Massachusetts Voters and Opinion Leaders Speak out on Their Care and Education*, emphasizes the point. The report highlighted findings from two voters' polls and interviews with 48 opinion leaders in Massachusetts. The report noted, "While a few labor leaders view child care as an important public policy concern, child care is barely on the radar screen of influential

leaders from other sectors." Business leaders interviewed said they could more readily support "child care" if it were sold to them as "early childhood education," because education was a top priority for them.

Avoiding Absolutes

Many other states, however, continue to debate how—or whether—public policy can shape children's early development. Matthew Melmed, executive director of ZERO TO THREE, has been dismayed by the speed with which a few high-profile early childhood development advocates have seized on research about brain development and used it to lobby policymakers. "The reality is that neuroscientific study of the brain is, in a sense, in its infancy," he says. Melmed pointed out that rigorous psychological and sociological research, as well as clinical experience, has shown that infants and toddlers acquire many of the skills they need to become productive and happy adults in early childhood. "Unfortunately," he added, "that scientific basis is considered 'soft' by lay people. Neuroscience sounds hard, but it opens us up for attack."

Indeed, it was not long before a book entitled *The Myth of the First Three Years: A New Understanding of Early Brain Development and Lifelong Learning* took issue with the brain research. In his 1999 book, John T. Bruer, president of the James S. McDonnell Foundation, argued that the findings on brain development have been blown out of proportion and that most intensive early intervention programs for young children have produced only modest results at best. This, he warned, might prompt policymakers to switch their support from programs geared toward stimulating intellectual achievement for children over the age of three, which he argued are much more effective at producing long-term positive outcomes for children.

The debate is not likely to end soon. "The question is: How do children become who they are?" says Rima Shore, the author of *Rethinking the Brain: New Insights into Early Development*, a 1997 report that highlights opportunities in the early years to promote healthy development and learning. "And beyond that:

How is it possible to intervene in that process? And who should intervene? Few questions are more charged for the public or more weighty for researchers and policymakers." Shore points out that while the battle over using brain science is the most recent issue to gain public attention, the larger debate about how and when children develop has been going on far longer.

Shore observes that in the 1960s, when Head Start was first funded, child advocates and scholars presented evidence for the importance of early experience. "There was something of a backlash then too," she says, including a number of studies throwing doubt on "infant determinism" and arguing for the importance of later stages of development. "This is another swing in the pendulum—with the same false dichotomies."

Shore points out that *Rethinking the Brain* was carefully crafted to avoid absolutes by emphasizing that "learning continues throughout the lifespan" and calling the early years a "prime time"—not the only time—for particular kinds of learning. It's true that some advocates have oversimplified the research, she says. And the slogan "The first years last forever" can seem to suggest that a window of opportunity slams shut at age three. But she says that overall, the power and prestige of science have helped to advance public understanding of the importance of supporting families, giving parents time to spend with children, and improving the quality of early care and education, just as it has helped to inform the public about the need to discourage smoking or protect the environment.

Offering Universal Solutions to Help All Families

Children's advocates often attempt to attract public support by speaking in terms of "all our children." The phrase is rarely convincing. All too often, the public perceives that "all our children" means poor children only. That is why many of the most successful programs for low-income children are not limited to poor families.

Georgia's well-regarded pre-K program is a universal pre-school program that reaches a higher

percentage of the state's four-year-olds than any other state-funded preschool program in the nation. The story of how public support for the program grew is illustrative. It began in 1992 and served only 750 at-risk children the first year. The program continued to focus on at-risk children as it continued to expand over the next few years.

Then, in 1995, then-Governor Zell Miller opened it to all of Georgia's four-year-olds. Funded by the successful state lottery, the pre-K program grew quickly to meet rising demand. In 2000, the pre-K program and Head Start were serving more than 70 percent of the state's four-year-olds.

Celeste Osborn, former director of the state's Office of School Readiness, says that state officials presented the plan as "the beginning of education" and one of the best ways to prepare children for school success. And because lottery revenues were plentiful, there was enough money to offer programs to as many parents and communities as asked for them.

One reason that demand has been high is that the program is voluntary for both parents and communities and it offers both institutions and families many choices. The state funds public schools, private child development centers, and even faith-based organizations that wish to open programs and can

One reason that demand has been high is that the program is voluntary for both parents and communities and it offers both institutions and families many choices.

meet state standards. These providers may choose to base their instruction on an assortment of proven child-development curricula, thus parents also have choices about how they want their children to learn.

Osborn says the idea was not initially popular. "The newspapers called it babysitting, and the Christian Coalition said it was stealing children from parental control." In addition, she recalls, schools and

child care providers called the program unnecessary because they were already doing the job.

Parents, however, felt differently: "They loved it," says Osborn. In 1999, Georgia's citizens solidified the program by putting it in the state's constitution. Voters passed a statewide ballot initiative dedicating state lottery proceeds to fund the pre-K program. In other words, politicians can't abolish the program without going back to the voters. Osborn suggests that what makes the program so popular is that it offers to help all Georgia families. Had it been narrowly focused on low-income children, she says, "it might not have survived in the long term."

Vermont provides another example of how the universal approach can work. In the early 1990s, state officials were concerned about high rates of child abuse and neglect. Rather than taking a narrow approach to solving the problem, however, they approached it broadly. One part of that broad approach is the state's *Success by Six* program, which provides home visits for every family with a newborn or a newly adopted child. New parents receive a "Welcome Baby" bag filled with items like diapers, books and toys that have been donated by businesses and schools. Home visitors focus on making parents feel welcome, answering questions related to child development, and making referrals to other community services.

Success by Six also provides a number of other services for young children and their parents, including support groups for parents, play groups for children, play-based screenings of toddlers to determine whether they need intensive services before they enter school, family literacy programs, and initiatives to improve child-care quality. Vermont parents give high marks to the program, and cite its connections to families as one reason for a 49 percent drop in child abuse from 1990 to 1998.

Using the Power of Place

Vermont's successes include improvements in many other indicators, including childhood immunizations, high school graduation rates, teen pregnancy rates,

and crime rates. One reason? An annual report, called *The Social Well-Being of Vermonters*, which was first published in 1993. The report gave citizens a compilation of 51 indicators measuring the state's progress toward some broadly supported public goals, such as children being ready for school and families living in safe and supportive communities.

Three years later, Vermont gave its citizens information that was even more important to them. The state's Agency of Human Services published localized versions of the report, providing communities across the state with local outcome data. These local reports, says Cornelius D. Hogan, provided great motivation for community self-improvement.

When he made a presentation to Bennington's Rotary Club in 1992 that showed the state's child abuse rates were going down while Bennington's child abuse rate was rising, the audience was stunned. The group demanded to know why their rates were high, which communities had lower rates, and what they could do to change the trend in Bennington. When the community got the answers to those questions, its leaders acted swiftly to protect Bennington's children.

Many states and communities now are using similar strategies to build public will for important reforms. Pamela Johnson, deputy director of the National Partnership for Reinventing Government, says that providing information that is specific to place is a powerful tool for change. Says Johnson, "People care about where they live; they care about the quality of their schools and the safety of their neighborhoods; they care about the quality of their local medical centers."

Using Effective Messengers

The most famous voices for children have been speaking out on behalf of children—with impressive results—for many years. But as they have stayed true to their messages, those messages have become predictable and their effect on the public has diminished. "We need to grow new generations of organizations and leaders," says Kati Haycock, executive director of the Education

Trust, a group that advocates for more effective education policies to benefit disadvantaged children.

Traditionally, advocacy groups have not focused on developing new leaders. Partly, this is a question of scarce time and resources. "One prominent African-American writer wrote, 'My parents had enough children to waste one on education,'" says Alice Walker Duff. The child-care field can't even afford that, she says: "In child care, we act as though we don't have enough money to waste on leadership development."

But leadership development is crucial. And at least some of these new leaders need to be "nontraditional" children's advocates: Republicans, religious leaders, people from different ethnic and cultural backgrounds, and "heroes" who are making things work in their own communities.

When the Virginia Fatherhood Campaign wanted to market "being a good Dad" messages to the public, campaign director Ron J. Clark says they began by using materials produced by the National Fatherhood Initiative, which show sports and entertainment celebrities with their children. Clark says that when those materials were shown to focus groups of low-income men, they responded negatively. The fathers said they didn't want to see pictures of celebrities, who have ample money and time to be good fathers. They wanted to see pictures of men like themselves.

In San Francisco, where the Starting Points Collaborative has been advocating for effective early childhood programs, parents—not experts—are recruited to testify on behalf of the effort and sell the programs to other parents. Family doctors, nurses, and teachers also make powerful advocates.

And finally, some of the most effective voices for children are those that are unlikely. The *Fight Crime Invest in Kids* organization advocates for expanded programs for young children as a crime prevention measure. The following quote from George Sweat, police chief of Winston-Salem, North Carolina, is typical: "Our fight against crime needs to start in the high chair, not wait for the electric chair."

Speaking Plainly and Knowing Your Audience

Social policy advocates often speak in a language that is their own; they eschew plain and simple terms that the public better understands. "I have always been impressed and plagued by something I heard four or five years ago," recalls Mark Greenberg of the Center for Law and Social Policy. "I was in a meeting with a pollster, and one of us was talking about how difficult it was to turn a complicated issue like welfare reform into a sound bite. The pollster's response back was, 'Whatever the issue is, every advocacy group always says it's too complicated to turn their issue into a sound bite.'" Says Greenberg, "We're concerned with wanting to be fair and balanced, but it's very hard to be fair, balanced, and present the nuances of an issue in 15 seconds."

Yet policy advocates who don't learn to couch their ideas simply and in easily understandable terms will lose the battle for public sympathy to those who have learned how to do just that. Charles Kamasaki, vice president of the National Council of La Raza, recalls his own organization's experience trying to build support for various pro-immigration policies. "We presented all kinds of data to dispel misconceptions about illegal immigrants and to prove how much immigrants contribute to the economy and pay taxes. In the end, those messages didn't work. What worked was a traditional, plain-vanilla message that spoke to the public in a more direct way: 'We are a nation of immigrants.'"

The advocates in Pittsburgh who created the Early Childhood Initiative learned something else: They needed to speak in their audience's language. "A business plan for ECI was prepared with pro bono help from Ernst & Young and McKinsey & Company," Petruska recalls. "These firms helped to quantify essential aspects of the project and to describe the initiative in terms that were meaningful to the business community."

The coalition also stopped talking about "quality"—a term that advocates like to use—and began talking about "school readiness," a term more

understandable to the business community. According to Petruska, "We said that this is the best investment you can make to prepare children to be successful in school."

Particularly convincing was a passage from one local report: "Children who enter school unprepared are often doomed to school failure. Children who begin behind, generally stay behind. Poor children enter school with just 50 percent of the vocabulary of middle-class children, with vocabularies of 2,000 words compared with 4,000. By the fourth grade the vocabulary differential is 5,000 words; by 11th grade there is a 20,000 word differential." Making such simple but sharp numbers-based arguments was key to ECI's success.

Building Unlikely Alliances and Learning to Compromise

Only about one third of all American households include children under age 18. Thus pollster Tubby Harrison, who has measured public support for government-funded children's programs in Massachusetts, believes that child advocates err in not making strategic alliances with big business and with middle-class voters. "You've got to get the middle class to buy into it, you've got to get the business community involved," he says.

Successful children's advocates have been doing just that, looking beyond their own ranks to find powerful, if perhaps unlikely, allies. For example, in California, Rob Reiner recruited a number of prominent conservatives to support Proposition 10, including former Republican Representative Michael Huffington, singer Pat Boone, and televangelist Robert Schuller.

Similarly, when they were pushing the SCHIP program, children's health advocates focused early on recruiting a Republican to champion their bill in Congress. They found one in Orrin Hatch, whose tenacity and conservative credentials ensured successful passage of this bill. "Hatch made this happen," Waxman says. His seniority in the Senate, his clout with the Republican leadership, and his unlikely alliance with staunch liberal Senator Edward M.



Kennedy gave SCHIP enough momentum to survive the loss of its proposed funding source—the 1997 tobacco settlement.

The Family and Medical Leave Act is one of the strongest examples of how crucial this outreach can be. The bill was originally introduced by three liberal Democrats, Representatives Howard Berman of California, Patricia Schroeder of Colorado, and Bill Clay of Missouri. By the time it passed, however, two of its key champions were moderate Republicans, Representative Marge Roukema of New Jersey and Senator Christopher Bond of Missouri.

Broad bipartisan support for the Family and Medical Leave Act did not come easily. It was the product of years of coalition building. First, advocates reached out to the American Association of Retired Persons, by expanding the definition of medical leave in the bill to include care for seriously ill parents and spouses. The AARP, with its powerful grassroots network and its well-funded lobbying arm, persuaded a number of key Republican lawmakers to support the bill. Then FMLA advocates—many of whom came from strongly feminist backgrounds—reached out to a most unexpected ally: the anti-abortion Catholic Conference. They convinced the Catholic Conference that this family-friendly bill would make it easier for women to carry their pregnancies to term. In the end, many anti-abortion conservatives in Congress supported the FMLA.

Winning allies sometimes means being willing to make compromises, but making compromises is usually vital to the success of a policy initiative. The Family and Medical Leave Act would not have passed

without its backers' willingness to meet the needs of the people they were trying to bring on board. On the one hand, advocates rewrote language repeatedly to reassure feminists that women would face no discrimination as a result of the bill. On the other, they limited the amount of unpaid leave employees could take and, perhaps most importantly, exempted businesses with fewer than 50 employees to appease business interests.

Each of these compromises was difficult, and some decreased the benefits that working families would enjoy under the Family and Medical Leave Act. But each compromise also brought a new block of supporters on board. By the time the act became law in 1993, it enjoyed support from an almost unstoppable coalition of women's, children's, senior, labor, and religious groups. "I actually think the mistake liberals make is, they would rather be right than win," says Lenhoff. FMLA advocates learned from that mistake.

Limiting Government's Role in Raising Children

If the 1960s was a decade of broad expansion of government programs for low-income families, the 1990s have been about quietly increasing benefits for low-income families while reducing the government's role in providing those benefits. The single largest government program for low-income families, the Earned Income Tax Credit, is not a program at all in the traditional, service-delivery sense. Child-care funding has increased substantially, but the money comes as a block grant and the federal government has relatively little say in how it is spent.

The Annie E. Casey Foundation's Ralph Smith suggests that in some cases, the more removed government is from the policy equation, the more success advocates may achieve. "Is there a way we could discharge our social obligations but not through the government? Would people feel better about that?" he asks. Smith answers himself: "The increasing public interest in faith-based organizations reflects a sense that some of what we might think is 'desirable' is just not desirable when it occurs as a government intervention."

A July 2000 survey of Americans' faith in government, conducted by National Public Radio, Harvard University and The Kaiser Family Foundation, supports that notion. According to that survey, 62 percent of those participating said that religious, charitable, and community organizations can do a better job than government in provide services to people in need. Indeed, some of the most popular efforts for helping low-income families—such as home-visiting programs and family resource centers—are funded with government dollars but designed and run by community-based organizations.

When it comes to child care, however, too much distance from government control often meets with resistance from children's advocates, who argue that political success lies in developing programs with universal standards. Many have very definite ideas about what type of care young children should receive. "Sometimes, people tend to treat center-care arrangements as good and other arrangements as bad," says Mark Greenberg, and "quality" is all too often equated with center-based care alone.

"When people express concerns about mediocre or low-quality 'child care,'" Greenberg notes, "there's a danger that people think you're implying that the choices they've made are bad choices. It can be perceived as government feeling that it knows better than parents." Parents and other caregivers want to keep their options open as far as child care goes. They want to make their own decisions about whether their child stays with an aunt, or with a neighbor down the street, or in a center. Child-care advocates who don't recognize this are running against the grain of public acceptance.

By contrast, the Family and Medical Leave Act honors families' individual choices and values. Nothing in the law requires employees to take leave; rather, the FMLA simply preserves options and lets families decide. The same can be said for SCHIP, which makes enrollment voluntary instead of mandating that low-income parents insure their children.

Letting Parents and Communities Help Set the Children's Agenda

As the children's advocacy community has grown—and the body of research evaluating effective interventions for disadvantaged children has increased—many of the advocates have turned into experts. But all too often, these experts set the children's agenda without adequately consulting parents—or letting them speak for themselves.

An August 2000 report by Public Agenda, *Necessary Compromises*, highlighted the differences in thinking between parents and child-care advocates. As the report noted, "Most parents consider this an intensely personal decision and a family responsibility—few are looking for a governmental solution. There is solid consensus on what people consider most desirable: a parent at home, either mother or father, at least for the first few years of a child's life."

"By contrast," the report noted, "children's advocates are more optimistic that a high quality day care system could be built that would be just as good for children as a parent at home. Advocates acknowledge the flaws of the current system, but are much more likely to support better pay and training for child care workers as a solution than tax credits or other incentives to allow parents to stay home."

The most successful children's initiatives pay attention to the parents and communities they aim to serve. In North Carolina, advocates for Smart Start didn't disregard parents' wishes to keep their children in home-based child care centers; instead, they work to make sure that these centers offer high quality care in safe surroundings. And in Georgia, parents can choose where their four-year-olds go to pre-school and how they will learn.

In Rhode Island, *Kids Count* measures what parents and communities think is important to measure. For example, the 2000 edition of the report included two measures suggested by communities: 1) children witnessing domestic violence and 2) suspensions by school districts. The project has a community-based advisory committee, says Bryant, "because we

don't want to make decisions in a vacuum." And while *Kids Count's* annual release is an event attended by the state's political and business leaders, it also prominently features the grassroots community leaders who work on the front lines for children. "The heart and soul of our effort," says Bryant, "is that it always includes a variety of styles and a variety of voices."

It's equally important that goals of any social reform effort make sense to ordinary citizens. Cornelius D. Hogan, formerly of Vermont's Agency of Human Services, an organization whose efforts in the state have become a national model for using social measures to promote social change, offers some ideas about how outcomes should be determined. He suggests that they "evolve." By that, he means that local people must help create them; they must make sense to ordinary citizens, and they must impel people to act. When that happens, such indicators motivate communities and build public will for change.

Conclusion

As the Heritage Foundation's Robert Rector observes, "The social right of the Republican Party is primarily defensive, and it's primarily reactive." The social right of his party rarely lobbies for implementing government programs, he says, "because they don't expect that much from government. They're afraid of government."

By contrast, children's advocates often need government funding to help fulfill their vision. They cannot rest once a policy battle is won or lost. To ensure the efficacy of their policies, advocates for child care, children's health insurance, early childhood development programs, and family leave must embrace values even more firmly than their conservative rivals.

First, they must appeal to public values in selling their ideas to consumers. In the child care arena, for example, Ethel Klein suggests that advocates have yet to make the case for child care to most working families. "There isn't a generic explanation of what's good about this," she says. "What if any value is there to child care? If you're selling a product called 'child care,' how would you sell it as a product? The first thing you have to figure out is why it's a good thing." Early childhood education efforts may not reach large numbers of children until their parents—not only politicians and the media—become aware of the benefits to young children. In other words, progressives must offer compelling visions of how their ideas can change children's lives for the better, respect the primacy of the family, and limit government intrusion in people's lives.

Next, advocates must heed the wishes and values of the "consumers" when determining how

policies are implemented. Advocates' attention to public values can't cease when the government appropriates money. The success of SCHIP, for example, depends largely on whether working families can enroll their children on terms acceptable to them.

Similarly, the crusade to encourage more families to take advantage of Family and Medical Leave may not succeed until the idea is widely valued as a social good that should be available to all families—and structured so that more families can use it. It may even be that family leave advocates should consider campaigning for a "menu" of benefits to support families; while family leave is attractive, it may not be the benefit that best reduces stress on struggling families.

Whether the four efforts discussed in this paper result in real social change or join the long list of government-sponsored programs that have produced only limited success depends largely on how well the advocates succeed in engaging families on behalf of their own children. Though they have taken the first steps at engaging families by invoking values, it is less certain that the advocates are listening as closely as they could to those families.

Without that level of engagement, these efforts will not succeed in the long run. For progressive social agendas are people centered, and social change can be sustained only in the context of reciprocal relationships. If children's advocates continue to develop values-based policies and common sense strategies for talking about them, they stand the best chance of lasting success.

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35